Heart Month 2015 in Iloilo

Hala-Bira

Mandurriao High School
Bags 1st prize in Jump Rope Contest
Healthy Lifestyle should start in childhood

Heart disease continues to be the primary cause of mortality in the Philippines and worldwide. A major health concern, it generally manifests during adulthood.

However, scientific evidence has shown that the process of atherosclerosis begins early in childhood. Research has divulged significant evidence that confirms the connection between risk factors, unhealthy lifestyle, and accelerated atherosclerosis in childhood. Childhood obesity, hypertension and diabetes are just some of the factors that lead to premature cardiovascular disease (CVD).

Since the development of heart disease is a lifelong process, steps should be taken to reduce cardiovascular (CV) risk as early as childhood.

The Philippine Heart Association, as the premiere cardiovascular organization in the country, continues its advocacy of promoting HL to prevent CVD. Its 5-2-1-0-0 HL campaign (5 servings of fruits and vegetables, less than 2 hours of screen time, 1 hour of moderate physical activity, and zero smoking and sweetened carbonated drinks), applies as much to children and adolescents as it does to adults.

This February’s Heart Month activities focus on the youth. Involving high school students in the jump rope competition is one step in the Association’s thrust in the promotion of a healthy way of life in the young.

Promoting good nutrition in childhood will lead to important health benefits. A diet rich in vegetables and fruits and limited in fats can prevent obesity, high cholesterol levels, diabetes and hypertension. Overall, it can reduce the risk of heart disease. Physical activity beginning at childhood and adolescence also demonstrate the same beneficial effects in adults— it decreases the risk of heart attacks and improves metabolic profiles.

Efforts must be taken not only in educating the young about the hazards of smoking, but also in minimizing their exposure to second-hand smoke. These include informing our adult patients about the adverse health effects of smoking both for themselves and for their children.

The prevention of CV risk factors should be addressed in childhood. This is where our pediatricians and pediatric cardiologists will play a big role in decreasing CV mortality in the country. Fat children make fat adults. in the same way, children with CV risk factors later turn to adults with CVD. Early preventive care in childhood will lower the burden of atherosclerosis, and eventually lead to a lower rate of heart disease in the adult population. Ensuring small steps toward a HL in childhood can make a big difference in the long run.

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06  Hala-Bira 52-100 launched in Iloilo as Heart Month 2015 highlight
One of the tenets of 52-100 is 1 hour physical activity in 1 day. Cardios from Manila and Iloilo do the hula-hoop to emphasize that there are forms of exercise that are fun and free.

09  Lakat Corazon ushers in Heart Month
To fortify the Jump Rope Competition, PHA VP Alex Junia, Heart Month 2015 chair, revived Lakad Puso, Lakat Corazon in Ilonggo.

12  ACS Registry makes progress
In spite of snags, it has made small strides.

15  Camp Brave Heart 9
An outing-cum-educational tour that has kept its magic.
According to Roman mythology, January is named after Janus, the god of beginnings and transitions. The root of the word actually comes from the Latin word, *ianua*, which means “door”, rightfully depicting January as the door of the year.

January is synonymous with New Year celebrations and New Year resolutions. As the first month of the year, it gives us an opportunity to start anew. It seems that in any resolution that you get to read, a resolution to lead a healthier life is always included.

February, as we all know, is the month when we celebrate love. For the PHA, it is also Heart month— a time when the Association promotes its programs on elevating awareness about HL and continues its efforts to combat the country’s number one killer.

The *PHA NewsBriefs* opens the door to the year 2015 with positive and brighter hopes for the nation and for Philippine Cardiology. This edition highlights the major events that took place in January and February-- the 4th Acute Coronary Syndrome Summit held in Makati Medical Center, with updates on the PHA ACS Registry; and the Heart Month Iloilo and Camp Braveheart in Sta. Rosa, Laguna.

Bigger things are in store for this year-- the upcoming PHA-American College of Cardiology joint session in San Diego in March, the Cardiology Specialty Board examinations in April, the PHA's bid for the Asian Pacific Society of Cardiology in 2019, and the Annual Convention in May, including the PHA's first hosting of the Resuscitation Council of Asia symposium.

In behalf of the PHAN Staff, a Happy New Year and Happy Heart Month to everyone. ♥

Mandurriao High School students lord it over at the Jump Rope Competition, one of the highlights of Heart Month 2015, themed “Hala Bira 52-100 in Iloilo.

Thru the academe, the PHA started to involve the youth -- campus journalists, declaimers, painters, IT whiz kids, gymnasts and lately, athletes-dancers.

The idea of holding the Jump Rope Competition took root following reports that obesity among children is on the rise. The adult/pediatric cardiologists-PHA members urge parents to train their children to engage in daily exercise at no cost, to combat flabbiness, thwart smoking and even drugs. Obesity and smoking are risk factors for heart disease. Thus, the evolving Jump Rope Competition is aptly nicknamed: Jumpstart your Heart with skipping rope”.

More than the physical activity, the twice-a-year Jump Rope contest stimulates creativity. Each jump rope number is a combination of aerobics, hip-hop, street dance and pastime games in yesteryear and modern-times. ♥
Milestones in January & February

At the Feb. 2015 Board Meeting, JMA expressed extreme delight over the success of the Jan. 24, 2015 Acute Coronary Syndrome Summit, citing the huge turnout from the training institutions and PHA chapter officers.

The triumph of Camp Brave Heart prevails over the hassle of the weekend traffic to Enchanted Kingdom.

Drs. JMA and Dianco (6th & 8th fr L) hand an AED (automated external defibrillator) to Ely Estante, executive assistant to Iloilo City Mayor Jed Mabilog, while Craig Holland (7th fr L) from Heart Sine, the donor; and members of the PHA Board look on. The PHA Council on CPR Battlecry is: To bring CPR to every corner of the country and to see AED-equipped LGUs.
Hala Bira

52-100

in Iloilo a blast

By Gynna P. Gagelonia

ILOILO CITY, Feb. 22, 2015 – At the crack of dawn, historic Iloilo City River Esplanade in Mandurriao, bustled as the Heart Month 2015 5K Lakat Corazon (Lakad Puso) participants streamed swiftly to the “I am Iloilo” signage, the assembly point.
They negotiated thru Sen. Benigno Aquino Jr. Ave., and Pison Ave. to get to the Ateneo de Iloilo High School in Mandurriao. The Heart Month 2015 theme is “Hala Bira 52-100”.

A haven for walking, jogging, dancing, river water sports and open-air dining events, the Esplanade is one of Iloilo’s youngest landmarks that has emerged into a tourism entity.

Close by were women and men wearing aerobics and sports gear, dancing to the fast music. Free aerobics sessions are conducted at the park daily.

PHA Western Visayas-Iloilo just made history for being the second PHA chapter to be the centrepiece of the grand Heart Month celebration that used to be conducted in Metro Manila. PHA Cebu Chapter played host to the first out-of-town Heart Month 2014. All the PHA 11 chapters simultaneously mark Heart Month on a smaller scale.

PHA National President Dr. Joel Abanilla and Vice President Dr. Alex Junia, concurrent PHA Heart Month 2015 chair, PHA Chapter Iloilo-Western Visayas President Dr. Felibert Dianco came in full force. From PHA National, on hand were Drs. Raul Lapitan (secretary), Jorge Sison (treasurer) Helen Ong-Garcia, Nannette Rey and Aurelia Leus (directors); and Romy Cruz and Frederick Alegre (vice president for finance and external affairs).

The Iloilo-based PHA officers (Drs. Rhodelyn Almeñana, vice president; Geoffrey Adelantar, secretary; Cornelio Borreros II, treasurer and Marcelino Felisarta, immediate past president) and members were joined by their families multi-links allies from the pharmaceutical industry, academe, patients, friends and friends of friends.

The Board and all the participants donned the PHA Heart month “52-100” white and red tees.

Halfway through the walkathon, the group was joined by the Ramon Avanceña National High School Drum and Bugle Corps. The 10 majorettes continuously marched and danced and ushered in the public to the Ateneo de Iloilo Gymnasium where Dr. Dexter Dale Briones, the able emcee and other spectators were waiting. Briones is a past president of the chapter.

The program started off with the booth rounds followed by the Zumba where everyone – from the PHA officers to their families and friends took part; followed by the Dinagyang performance and intermission numbers rendered by doctors from the WVSUMC. St. Therese MTCC Hospital, St. Paulo’s Hospital, The Medical City Iloilo and the Iloilo Mission Hospital.

The event was covered by GMA7, ABS-CBN, Philippine Daily Inquirer and The Guardian.

Junia told local media that “obesity, lack of exercise, smoking, diabetes, hypertension and cholesterol are the risk factors for cardiovascular diseases.”

“Hala Bira 52-100” urges adults and children to stick to the 52-100 healthy lifestyle daily – 5 servings of fruits and vegetables; less than two hours of recreational screen time; one hour of exercise; zero sugared beverages and zero smoking to put diseases of the heart and the blood vessels at bay.

Junia’s observation was shared by Dr. Ma. Sophia Pulmones, chief of the Local Health Support Division of the Department of Health-Region
6 who said that a “sinful lifestyle is the main culprit in the rising CVD in the country.”

The event’s high points were the turnover of the AED device to the office of Iloilo City Mayor Jed Patrick Mabilog and the Risk Factor Screenings. Jump for your Heart Games (Inter-school Jump Rope Competition).

The AED is a donation to the Iloilo Convention Center by Heart Sine, represented by Craig Holland. The life-saving device was handed by Holland, Drs. Abanilla and Filibert Dianco to Ely Estante, executive assistant Mabilog.

The turnover was witnessed by the PHA Board of Directors and other Iloilo Chapter members.

Abanilla said “CPR or basic life support should be followed by defibrillation with the use of an AED, a handy life-saving tool that should be available in public places and establishments, therefore, the local government should include it the building code.”

He added that “PHA is working on its goal to bring hands-only CPR for the lay to every Filipino home.”

**Mandurriao National High School tops Jump Rope Competition**

Adjudged as Jump Rope Competition (High school) winners were: First prize -- Mandurriao National High School; 2nd prize – St. Paul’s College; and 3rd
More than a decade after it was dropped from the Heart Month leg of activities, Junia saw the need to resuscitate Lakad Puso dubbed Lakat Corazon.

Heart Month came into existence in 1975, the same year, the Philippine Heart Center, the first cardiovascular specialty hospital in Asia, opened its doors to the public. The PHA was named as the implementing agency of Heart Month whose array of activities were traditionally ushered in by Lakad Puso.

Junia said “one hour of daily exercise is what our body needs. It’s great to start one’s day and activity with brisk walking. It peps you up and it is a free exercise that is good for the heart, burns calories, and stimulates weight loss. Healthy lifestyle should be a daily habit that we should start early on in our lives”.

Physical inactivity and a sit-down lifestyle are the factors that triggered the higher incidence of obesity among children and greater prevalence of cardiovascular diseases among adolescents and adults.

Junia revives Lakat Corazon

The Judges (fr l) Charity Nagrampa from Getz, Michele Corpuz from Natrapharm, Drs. Patricio Palmes and Joel Abanilla.
HeartNews

Action-packed
High impact
Patient enrolment in the Acute Coronary Syndrome Registry dramatically surged from 2011 to 2014, starting with 79 cases in 2011 that steadily swelled to 742 in 2012; 2,458 in 2013 and 2,763 in 2014, said Dr. Imelda Caole-Ang, chair of the PHA Council on Coronary Artery Disease Registry, in her report on “ACS Registry Update” during the 4th ACS Summit held at the Makati Medical Center Auditorium on Jan. 24, 2015.

In attendance are 190 PHA members based in NCR and in the chapters.

The PHA Council on CAD is grappling with challenges -- lack of research assistants (RAs) and trained Fellows and RAs; need for consultant coordinators; compliance with/ meeting hospital and requirements/ SOPs, added Caole-Ang.

The hospital scenario shared by the representatives:
Due to the difficulty in securing consent forms, enrolment was low.

**Goals:** To develop a clinical registry for ACS with the main purpose of improving quality of care and reducing mortality.

Some hospitals don’t have RAs. Strict hospital rules keep a tight rein on the RAs. At the Cardinal Santos Medical Center, Chong Hua Hospital and Perpetual Succor in Cebu and St. Luke’s -QC, the RAs are not allowed to look at the chart or even go to the patients. At Chong Hua, the data are not encoded that is why four to six Fellows are needed considering the work load.

PHA Vice President Dr. Alex Junia, concurrent chair of the PHA Councils and Chapters said that since the RAs are not given access to the charts, the Fellows are the ones working on data gathering and.
handling.

At SLHI-Global City, RAs can do follow up in the office with the assistance of a Fellow, not in the patient’s room. RAs are allowed to photocopy ECGs at the UST Hospital.

Manila Doctors’ Hospital allows the RAs to look at the chart.

It has also been noted that the University of Perpetual Data has had no RA ever since.

No communication access to the patients gets in the way of follow-ups. To address this problem, Caole-Ang suggested that during the enrollment, at least three contact numbers of the relatives have to put on record.

She also encouraged the fellows and consultants to generate their own data and come up with a research protocol. The ones working on the ACS registry are candidates for primary investigators.

The 14 participating hospitals in 2014 were: Cardinal Santos Medical Center, Manila Doctors Hospital, Philippine General Hospital, Philippine Heart Center, The Medical Cit, Angeles University Hospital Medical Center, University of Perpetual Help Delta Medical Center, Chinese General Hospital, Makati Medical Center, , St. Luke’s Medical Center, St. Luke’s- Global, University of Sto. Tomas Hospital. Perpetual Succor Hospital (Cebu) and Chong Hua Hospital (Cebu), with Chong Hua as the latest addition. However, only 10 hospitals had patient enrollees.

There were 13 participating hospitals in 2013, 12 in
Valid points raised by PHA pillars:

- **Dr. Ramon Abarquez Jr.**
  
  “There are markers that you didn’t take note. Total bilirubin count is crucial because it predicts micro obstruction.”

- **Dr. Adolfo Bellosillo**
  
  “There has been a significant drop in mortality and morbidity in the United States and Australia not because of drugs but because of lifestyle modification. Maybe we should do a study on a normal approach and look at the cholesterol data. We should also look at the environment. There is so much money in cholesterol, smoking and hypertension. How much time are you spending on this compared with the time you are spending on lifestyle modification?”

- **Dr. Saturnino Javier**
  
  “We don’t have the capability to launch our own trials. The guidelines are recommendations that is why there is a disclaimer.”

- **Dr. Eugene Reyes**
  
  “MI resulting in death of biomarkers are not available. We need to identify MI types.”

New CAD Guidelines launched in Iloilo

The 2004 CAD guidelines introduced to the Western Visayas-Panay Chapter at The Venue, Smallville Complex on Feb. 20, 2014. Members of the PHA WV Panay chapter and resident physicians from different local training hospitals attended the activity. Dr. Ma. Consolacion Dolor-Torres, member of the PHA CAD Guidelines Writing Committee and chairman of Task force in SIHD, gave the lecture, emphasizing some salient points in the new guidelines. On hand were PHA President Dr. Joel Abanilla and PHA Vice President Dr. Alex Junia.

Closing the Gap on ACS...

The management of ACS remains a formidable challenge; barriers related to timing and strategy feasibility exist in the appropriate management of ACS; recognition of these unmet needs or obstacles can narrow the gap in translating evidence to practice and achieve better outcomes; there is a need to conceptualize strategic frameworks to incorporate real-world limitations in the management of ACS, according to Dr. Saturnino Javier who talked about Closing the Gap in ACS Management. A past PHA president, Javier is an interventionalist.

He also identified more factors that widen the gap. They are: HMO (health maintenance organizations) issues, reimbursement/Philhealth issues; generic counterfeits; proliferation of health supplements; relationship with industry; competing modalities of treatment; chelation therapy, laser therapy and stem cell therapy.

See Page 44
Enchanted Kingdom in Sta. Rosa, Laguna was the venue of CBH this year.

The organizers, the PHA Council on Congenital Heart Disease, chaired by the Phi Lambda Delta Sorority and the Phi Kappa Mu Fraternity, and the Philippine Society of Pediatric Cardiology, provide untiring service to the Filipino people thru projects aimed towards the uplift of the country's health situation.

The vast theme park which can accommodate

A traditional Heart Month activity, Camp Braveheart: 9 (CBH) never ceases to please at least 100 young heart patients every year.

Dr. Jonas del Rosario, CBH's perennial point person
an array activities (from the group race, jigsaw puzzle solving, art “class”, Classic relay games, Hoola Hoop, How to Make a Bridge, Blow the Cup, to Origami Hearts) and park rides, that taught them how to recognize authority and to be a team player; tested their skills and ability to follow directions; at the same time, challenged their eye- and hand-coordination and reasoning skills.

The children were divided into five teams -- red, blue, yellow, green and violet. Each team was composed of at most 15 kids and had one sis and one brother as team captains. Their first mission was to locate their group mates who have the same color as their ID laces, and then they did group cheer. The Violet Team was named as Amazing Race winner. The yellow and red team won second and third place, respectively.

Simultaneously, the parents were attending the Amazing Race seminar. Dr. Peach Tala-Sunico and Dr. Jocelyn Tan from the UP College of Dentistry talked about Dental Hygiene, while How to Keep Hearts Healthy was the focus of the talk by Dr. Lea Arceo-Plucena. The parents played a quiz bee type of game and an
open forum.

Afterwards the children and parents were given time to enjoy the amusement park's rides. A magic and puppet show entertained the crowd. Showtime and Matanglawin host Kuya Kim Atienza took the stage. He amazed the audience with his pet collection. He inspired the crowd when he shared that he too had a heart surgery and that he is a living example that one can overcome any trial.

Francisco wowed the crowds with her Princess Elsa-inspired dress as she sang Frozen's Let it Go. A dance medley was rendered by SaPHire and Noche Buena, and a song number was performed by Maxine Nicole Bacareza. Cloud from the Blue Team belted out the popular hits "Puso Bagto" and "Bahay Kubo" nursery rhyme.

As a finale, Enchanted Kingdom Eldar and Princess Victoria appeared on stage to bid the children goodbye.

Dr. Jonas del Rosario, an active member of the PHA Council on CAD and supporter of CBH, assured that Camp Braveheart legacy will live on to be able to empower more children with CHD.

♥
Avoiding Routine Supplemental Oxygen

One candidate for such obsolescence is routine supplemental oxygen for STEMI patients. Presented in the American Heart Association (AHA) 2014 Scientific Sessions in November last year, the Air Versus Oxygen in ST-Elevation Myocardial Infarction (AVOID) trial took a look at infarct size through cardiac enzyme levels and cardiac magnetic resonance imaging (CMR). Subjects who were not hypoxic on presentation (O2 saturation > 94%) were randomized to receive 8 l/min of oxygen or no oxygen therapy at all (unless they eventually become hypoxic). Those that received oxygen therapy had considerably higher levels of creatinine kinase and slightly higher Troponin I levels, suggesting larger infarct sizes. On CMR, late gadolinium enhancement was significantly greater in the oxygen group compared to the no-oxygen group. This was just a small trial – hardly conclusive – but it does make you think twice about giving your non-hypoxic ACS patient routine oxygen supplementation.

Read the AVOID Trial Abstract here: http://www.abstractsonline.com/pp8/#!/3547/presentation/46505.

Extending Dual Antiplatelet Therapy

The optimal duration of dual antiplatelet therapy for patients who have coronary stents is still very much debated. Current guidelines recommend at least 1 year of dual antiplatelet therapy (at least 6 months up to 1 year in the European guidelines) after receiving a drug-eluting stent (DES). Should we keep it to 6 to 12 months or go beyond that? Is 6 months too short a time that we expose the patient to the peril of late thrombosis?

Two new trials – ISAR-SAFE and ITALIC – appear to confirm the hypothesis that a 6-month dual antiplatelet regimen is noninferior to longer duration therapy. Both studies, however, were stopped early due to recruitment snags and lower than expected event rates.

On the other hand, the Dual Antiplatelet Trial (DAPT) compared a 12-month course of aspirin and a thienopyridine versus a 30-month regimen. DAPT showed that taking an extended dual antiplatelet regimen led to a lower risk of stent thrombosis and myocardial infarction. There was an increased overall bleeding risk for those taking two antiplatelet medications for 30 months but the trialists were quick to point out that severe bleeding incidents were low and were similar in both treatment groups. Adding to the uncertainty regarding the trial’s results is the slightly higher all-cause mortality in the extended therapy group. This was driven by a higher rate of non-cardiovascular deaths, and this was ascribed by the trialists to an unevenness in the distribution of...
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PHAR News

The PHA is gearing up for the forthcoming 2015 Asian Pacific Society of Cardiology (APSC) Congress in Abu Dhabi from April 30 to May 2, 2015.

PHA has had hosted three APSC congresses and other international scientific meetings and its very own Annual PHA Convention & Scientific Meeting.

PHA Vice President Alex Junia, PHA President Dr. Joel Abanilla and Secretary Raul Lapitan who will represent the PHA in the 2015 Congress, will make the bid to clinch the 2019 hosting task. Former PHA President Dr. Maria Teresa Abola, an active member of the PHA Council on Women’s Cardiovascular Health will also attend the conference and the symposium/lecture on women’s health.

The Philippine medical-tourism campaign collaterals will come from the offices of Domingo Ramon Chicoy Enerio III, COO, Department of Tourism-Tourism Promotions Board and Mark Lapid, COO, Tourism Infrastructure Enterprise Zone Authority.

Improving Cholesterol Management

Recently released guidelines on the treatment of high serum cholesterol shunned the concept of “lower is better” for low density lipoprotein (LDL) but the idea still has its proponents. Showcased at AHA 2014, the IMPROved Reduction of Outcomes: Vytorin Efficacy International Trial (IMPROVE-IT) seemed to uphold the supposition that markedly lowering LDL in patients who survived a high-risk acute coronary syndrome (ACS) significantly reduced adverse cardiovascular events. The trial involves the use of controversial drug Ezetimibe on top of Simvastatin and it showed that the two-drug combination significantly decreased the composite primary endpoint of cardiovascular death, myocardial ischemia, unstable angina requiring rehospitalization, coronary revascularization, or stroke. Comitant use of Ezetemibe with a statin achieved far lower levels of LDL compared to a statin alone but critics were quick to point out that the overall benefit was modest (6% relative risk reduction) and that the findings were driven in large part to reductions in nonfatal endpoints.

As researchers continue to sift through new data, as clinicians continue to adjust to fresh guidelines and formulate more cost effective treatments, we should expect concepts and approaches to be in a constant state of flux. Sometimes by the time the textbooks are published, the information in them is already, if not outdated, incomplete. We should be reassured, however, that cardiovascular medicine is moving forward, constantly improving. The way we manage acute coronary syndromes is guaranteed to change in the next few years. And that’s a good thing.

[Mic Agbayani is a cardiac electrophysiologist currently practicing in the Philippine General Hospital, Philippine Heart Center, Manila Doctors Hospital, Medical Center Manila and The Medical City.]
In step with its “Keep Calm, Save Lives” Heart Week theme, the University of the Philippines-Philippine General Hospital Cardiology Section kicked off its activities with the Comprehensive Basic Life Support and Advanced Cardiac Life Support trainings.

‘Keep Calm, Save Lives’

UP–PGH Heart Week 2015

By Tippee Obillos, MD/ Paul Reganit, MD

Emphasis was on the importance of knowing how to do Basic Life Support in everyday life, with the goal of empowering the lay person in helping save and preserve lives.

Held at the UP-PGH Atrium, the Opening and Ribbon Cutting Rites were graced by esteemed guests incumbent PHA President Dr. Joel Abanilla and past presidents Drs. Ramon Abarquez Jr. and Raul Jara.

Among the audience were the members of the PATCHED Support Group, patients with congenital heart diseases, and their families.

Dr. John Anonuevo, UP-PGH Cardiology section chief, gave the opening remarks, followed by the official launch of the Basic Life Support video. The UP Medicine Choir serenaded the audience with an interesting blend of love songs. Dr. Giselle Gervacio, the Section’s training officer, gave the closing remarks.

The Life Support training came in the afternoon and in the days that followed at the Medicine Department AVR.

It was stressed that 80 percent of out-of-hospital cardiac arrests occur at home, a fact that can be prevented if only those at home knew what to do at such times. The audience was made up of medical and non-medical people alike. After all the lectures came the return demonstrations and practical examinations, where the audience were eager to show what they learned. The program certified six BLS trainees and 22 more for ACLC.

Concurrently, a clinic was set up at the PGH Atrium, providing free FBS, lipid profile, and ECGs. Fellows were on hand to interpret the results and give basic advice to the patients.

The clinic helped highlight the importance of primary prevention of non-communicable diseases and of actively seeking healthy lifestyles.

Simultaneously, a Bazaar was ongoing at the PGH Sunken Garden. Organized by PATCHED Support Group, the proceeds of which went to the assistance and management of PATCHED patients.

It was a very fruitful Heart Week, full of laughter and learning for the service of others. The Life Support program was a hit, especially to the lay people. They appreciated the importance of their new knowledge and skill, after all, the life they save may be that of a loved one. ♥
CGHMC HI does 1st mitraclip procedure in RP

By Michael Cabalatungan, MD

The Chinese General Hospital and Medical Center (CGHMC) Heart Institute performed its first clinically successful non-surgical repair of mitral valve with the use of MitraClip recently.

This is a novel, percutaneous method of treating patients with severe primary (degenerative) or secondary (functional) mitral regurgitation who are at high risk for surgical intervention or those who prefer a less-invasive approach. The team who performed the procedure was led by Dr. Timothy Dy and assisted by Dr. Melissa Co-Sia with support given by Dr. Magnus Settergren, an international expert who proctored the case.

Percutaneous mitral valve repair using MitraClip System involves mechanical edge-to-edge coaptation of the mitral leaflets. Its development started 17 years ago when Dr. Frederick St. Goar, an interventional cardiologist himself from Mountain View, California, learned about the Alfieri surgical edge-to-edge mitral repair technique which involves the use of a suture to approximate the edges of the regurgitant mitral valve leaflets. The end effect is restoring leaflet coaptation and creating a double-orifice mitral valve. Dr. Goar started replicating this surgical approach by a percutaneous technique on a series of animal tests using a nitrinol wire-based loop to produce leaflet coaptation. Eventually, the wire-loop was replaced by a rigid, fully invertible, polyester-covered 2-armed clip with tissue stabilizing grippers.

The device has been used to address a significant number of degenerative and functional mitral regurgitation. To date, more than 8,000 patients have undergone the procedure worldwide with majority of experience in patients who are at prohibitive surgical risk for the traditional method of open heart surgery. Current patient selection is based on the Endovascular Valve Edge-to-Edge repair Study (EVEREST) programme (table 1). In addition, transesophageal echocardiography (TEE) is necessary to resolve relevant

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Close-Up of the MitraClip device (l) and the entire MitraClip delivery system (r): The MitraClip device is an MRI-compatible cobalt-chromium implant covered in a polyester fabric to promote tissue growth. Each arm (A) of the device is 4mm wide and 8mm long. The arms are shown in the extended state. The grippers (B) are used to grasp the opposite free edges of the mitral leaflets against the arms and improve leaflet coaptation. The 24F steerable transvenous sheath (C) tapers down to 22F at the site of the transeptal puncture. The stabilizer (D) is used to hold the clip delivery system (E) through which the clip is steered and deployed.

(Images courtesy of Abbott Vascular. © 2012 Abbott Laboratories. All rights reserved.)
Promoting a healthy lifestyle has always been a cornerstone in the management of cardiovascular diseases in The Medical City. For more than a decade, the Cardiovascular Center has been holding its annual Heart Week with a wide variety of activities meant to enjoin both the lay and the health care team to become united in a singular vision. This year, the main thrust of the week was a festival of love, laughter, learning, and ultimately life by celebrating the healthy heart.

The week started with the annual Parade of sights and sounds led by a drum and bugle band closely, followed...
by the Cardiology consultants and fellows, donning their custom-made jackets. A yearly tradition also includes delegates from each of the service units of the hospital joining the parade and dressed up in their best representations of famous movie couples. The first day also marked the opening of the exhibit symbolizing a movie theatre with videos and posters on how to promote healthy lifestyles both for adults and even for kids.

Representatives from the service units of the hospital also joined in various activities and contests including a live healthy food preparation contest wherein the meals were judged not only for taste and presentation but for including their caloric values. They also participated in a minute-to-win-it contest with challenges testing their skills, speed, and quick thinking. The highlight of the week was a film festival among the units wherein they were tasked to make short films promoting the main theme of the week. The winners came from the 7B cardiovascular nursing unit with a film depicting the unseen life of a nurse, whose kind heart and willingness to care for her patients prevailed despite having to deal with her own personal struggles.

The lay were not to be left behind in the celebration – they participated in the free consultation at the outpatient department which included several diagnostics (12L ECG, FBS, cholesterol, and ABI screening). Several lay forums were also held including lectures on reading nutrition labels by Dr. Maria Christina Reyes, exercise benefits by Dr. Rachel Orteza-Del Rosario, and medication tips by Ms. Theresa Decena, as well as heart attack risk factors and management by Dr. Paolo Prado. They also joined the hospital-wide Zumba session held at the foyer lobby.

Members of the health care team also enjoyed stories and experiences from several cardiology consultants dealing with activities and hobbies outside the hospital life. Dr. Bea Medrano shared her own poetry on life and love, and Dr. Paolo Prado disclosed tips on how to capture special moments on digital photography. For those leaning more toward smartphones, Dr. Adriel Guerrero provided his own recommendations on how to make the most out of our gadgets in terms of photography. Dr. Chris Nazal shared with the audience the vast variety of collections that he had accumulated over the years. Dr. Raul Ramboyong shared fond experiences, memoirs, and excerpts of the many places he visited outside the country. Lastly, Dr. Eugene Ramos being a true coffee aficionado...
elucidated on the many benefits of this exceptional drink.

The week also played host to the launching of the newest program of the Cardiovascular Center, The Vascular Rehabilitation Program, which provides specialized exercises among patients with peripheral arterial occlusive disease in order to improve vascular health, slow down the progression of the disease, and ultimately avoid amputation. The Acute Myocardial Infarction program was also highlighted, armed with the following components: timely revascularization, cardiac rehabilitation, medication education, nutrition management, psychiatry consultation, and smoking cessation.

The in-hospital festivities were capped off in the spirit of healthy competition with a dance contest at the Barcelon Auditorium among each of the service units to determine the overall Cardio Cup winner. Entertainment was provided by the medical residents in the form of a dance number, along with an acoustic medley rendered by several Cardiology fellows. Outside the institution, the cardiology consultants and fellows ended the week with a whole-day old Manila tour to further promote learning and living by revisiting the historic past in the form of art and cultural appreciation.
The University of Santo Tomas Hospital Section of Cardiology led the discussion on the 2014 AHA/ACC and ESC/ESA Guidelines on Perioperative Cardiovascular Assessment and Management of patients undergoing non-cardiac surgery during the PHA Interactive Case Presentation, held at the Bonaventure Plaza, Ortigas Avenue, San Juan on Feb. 18, 2015. The PHA/PCC CEPC Sub-Committee on Cardiology Training Fellows, in cooperation with LRI-Therapharma, hosted this session, entitled “To Clear or Not To Clear…that is the Question”.

Clarifying Clearance:

USTH Section of Cardiology presents at PHA Interactive Case Presentation

By Maria Blanca A. De Guzman, MD

Dr. Marcellus Francis Ramirez moderated the session. Fellows from various training institutions participated actively, answering questions and giving their inputs regarding the topic and the cases presented.

Dr. Maria Blanca De Guzman and Dr. Franco Onswald Rubrica, second-year adult cardiology fellows from USTH, presented and discussed the guidelines provided by both societies. They explained the different algorithms and steps in perioperative cardiovascular evaluation and management. They also presented the recommendations and level of evidence supporting each provision. Finally, to apply and put the new guidelines to use, the presenters provided case scenarios, a patient with...
atrial fibrillation on novel oral anticoagulant therapy (Dabigatran) undergoing cataract surgery and a female post-DES implantation on dual anti-platelet therapy (DAPT) undergoing breast mass biopsy. The importance of adequate, appropriate, and individualized perioperative cardiovascular evaluation to optimize patient status prior surgery, and not solely guideline-based management, was emphasized throughout the session.

Dr. Neva Jean Reloj, adult cardiology fellow from St. Luke’s Medical Center, served as the reactor and provided her insights on how to assess and prepare the patients presented in the cases, prior to their surgeries. The panel who shared their invaluable expertise and inputs on the topic during the session included Dr. Aileen Cynthia De Lara, Dr. Helen Ong-Garcia and Dr. Nannette Rey.

Figure 3. Summary of pre-operative cardiac risk evaluation and perioperative management
The University of Santo Tomas Hospital Section of Cardiology once again successfully conducted its yearly “Save-A-Heart” Mission from Jan. 20 to 22, 2015.

To date, this mission has provided invaluable assistance to our needful charity patients. Since its inception, a total of 162 patients benefited from it. This year, 19 eligible patients were enrolled. Fifteen of them underwent coronary angiography, 3 had Percutaneous Transluminal Coronary Angioplasty, and 5 patients underwent Permanent Pacemaker insertion.

Now on its 11th year, the Save-a-Heart Mission was initiated and sponsored by the UST Medical Alumni Association of America (USTMAA) is led by Dr. Primo Andres in cooperation with the UST Section of Cardiology (UST-SC), headed by Dr. Milagros Yamamoto and Dr. Wilson Tan De Guzman, unit head of the Cardiovascular Catheterization and Intervention Unit; and with the support from the cardiology fellows, medical residents and interns.

The event’s kick off was the presentation of selected cases to Andres at the Heart House. In attendance were Yamamoto, the cardiology fellows, medical residents, rotating senior and junior interns of the Department of Medicine. The following two days saw the completion of the proposed procedures with support from the Anaesthesiology Department, headed by Dr. Florian Nuevo, followed by the deliberation of every case with Tan De Guzman.

To conclude the occasion, the patients were visited and greeted by Tan De Guzman, together with the cardiology fellows, medical residents and interns, before their hospital discharge.
Held on Feb. 2, the ribbon-cutting and opening ceremony marked the start of the anniversary celebration. The 40 years of PHC Achievement Highlights Exhibit was also officially opened at the Medical Arts Building Lobby.

The PHC Lakan and Lakambini 2015, a pageant among the employees of the institution, was also launched. The Feb. 5 Pageant finals named Dr. Edward Nino Gacrama, an adult cardiology fellow from the Department of Adult Cardiology as “Lakan” and crowned Angeline Sarah Aquino, a physical therapist from the Cardiac and Physical Rehabilitation Division, as “Lakambini 2015.”

A series of medical scientific symposia and workshops for lay, doctors and paramedical professionals was conducted. Vascular Ultrasound Workshop for vascular technologists and vascular fellows in-training was held on Feb. 6-7 and organized by the staff of the Vascular Medicine Section headed by Dr. Rosella Arellano, training officer for Vascular Medicine. It is aimed at providing the participants a review of the standardized protocols for the various non-invasive vascular procedures and hands-on demonstration sessions for application of selected basic protocols.

The First Philippine Kawasaki Disease Summit and Dr. Wilberto L. Lopez Lecture were spearheaded by Dr. Juliet Balderas, chairman of the Department of Pediatric Cardiology. Held on Feb. 9-10 for medical doctors, the workshop’s goals are: To increase awareness about the disease and its management and to present a clinical pathway for the management of Kawasaki Disease.

The annual VTE Awareness Workshop, which was open to the nursing staff and cardiology and pulmonary medicine training fellows, took place on Feb. 17. This serves as a forum for reinforcing
the institutional policy on Venous Thromboembolism Prophylaxis for hospitalized patients.

The PHC Medical Alumni Society (MAS) symposium entitled “Bayanihan” on Feb. 24-25, emphasized the importance of collaborating with physicians from different fields to help arrive at the best management strategy in patients with multi-organ dysfunction. In attendance were medical professionals from different specialties. It was headed by the PHC MAS president, Dr. Aurora Gamponia.

“Management of Thoracic and Cardiovascular Trauma” the Department of Thoracic and Cardiovascular Surgery post graduate course under the leadership of its chairman Dr. Renato Villanueva provided a “wet clinic” workshop for the participants.

One of the celebration’s culminating activities was the presentation of the Highlights of 40 years of Philippine Heart Center’s Achievements. Held on February 23, it was a comprehensive AVP on the landmark events and pioneering achievements of the institution since its birth in 1975.

The current department and division heads from the Medical, Nursing and Administrative Services were likewise recognized. The program was graced by a number of very important personalities, considered as pillars in the growth and advancement of this institution, the previous medical directors of the institution like Dr. Avelino Aventura and Dr. Esperanza Cabral. The keynote address was given by Dr. Dy Bun Yok, the recognized “Father of Interventional Cardiology”, and former head of the Division of Invasive Cardiology.

This was followed by the Cardiovascular Intervention Summit which provided a review of the basics and advances in various cardiovascular interventions and was attended by residents and fellows in-training from different institutions and doctors around Metro Manila.

The month-long celebration concluded with a program intended for the employees of the institution on Feb. 27. The mural painting contest and choral contest were participated in by the different services of the institution.

To date, the 40 years of this premiere cardiovascular institution in the country has been dedicated to the service of our less-fortunate brothers not to mention its being a bulwark of excellence in the continuing medical education in the field of cardiology.
Health Forum @ Annabel’s, multi-media spread PHA message

By Gynna P. Gagelonia

PHA’s constant and new media allies used diverse pegs in advocating heart-healthy homilies of the cardiovascular experts. The Philippine College of Physicians Health Forum @ Annabel’s (organized and emceed by Joyce Serra); ABSCBN-DzMM’s Magandang Gabi, Dok (hosted by Nina Corpuz and Dr. Ma. Luisa Puyat Ticzon); DWIZ’s Radyo Klinika (anchored by Marou Sarne) and 9TV’s MedTalk (hosted by Angel Jacob) extended enormous PHA publicity activities -- to Heart Month 2015, the 52-100 Advocacy and the new PHA Coronary Artery Disease Guidelines.

On Feb. 3, the Health Forum @ Annabel’s tackled the Acute Coronary Syndrome Registry and Coronary Artery Disease Guidelines while on Feb. 10, it announced the PHA’s Heart Month 2015 calendar of activities – the simultaneous Heart Month 2015 celebration in all the 11 chapters, with the Iloilo Chapter as the centrepiece; Camp Brave Heart 9 for pediatrics cardiac patients, 52-100 to prevent heart disease, etc. ♥

Drs. Jonas Del Rosario and Marinella Francisco

(Fr. L) Drs. Liberty Yaneza, Victor Lazaro and Helen Ong-Garcia
The publicity details:

PRINT/ONLINE

**Phil. Canadian Inquirer/ PNA**
- 2/3/15
  - Leilani Junio
  - Online
  - Health expert presses Government, PhilHealth to expand heart diseases' coverage
  - Dr. Ong-Garcia

**Philis. Today**
- 2/3/15
  - Leilani Junio
  - Online
  - PHA launches latest treatment GL to RP docs on heart disease treatment

**Balita**
- 2/4/15
  - Julie Ann Demdam
  - Online
  - Medical pros promote Heart Month 2015

**The Daily Tribune**
- 2/10/15
  - PHA PR
  - Online
  - PHA releases latest treatment GL for CAD
  - Drs. Abanilla, Yaneza, Dolor-Torres, Lazaro, Locnen

**Metro Cebu**
- 2/11/15
  - Phil. News Agency
  - Online
  - People with partners in life have longer lives
  - Dr. HOGarcia

**Philippine Daily Inquirer**
- 2/14/15
  - Philip Tubeza
  - Online
  - UAE Healthcare firm to fund surgeries of Filipino Kids with heart defects
  - Dr. J. Del Rosario

**Philippine Star**
- 2/17/15
  - Sheila Crisostomo
  - FRONT PAGE
  - Formula for healthy heart: 52-100

**Philippine Star**
- 2/17/15
  - Sheila Crisostomo
  - Online
  - FB share: 373/

**ABS-CBN**
- 2/23/15
  - Kenneth Ladigohoy
  - Sikat Ka Iloilo
  - UKG 6am Iloilo

**ABS-CBN**
- 2/23/15
  - Kenneth Ladigohoy
  - TV Patrol Panay
  - 5:15pm

**The Daily Guardian**
- 2/23/15
  - Jennifer Ponsaran-Rendon
  - Kids’ exposure to gadgets, TV blamed for rising heart Diseases

**Phil. Lambda Delta**
- 3/16/15
  - Denise MB David
  - Online
  - CBH9: Nurturing Hearts with Compassion

**Wazzup Pilipinas.com**
- Online
  - CBH9: Nurturing Hearts with Compassion

**Hits**
- Date
  - Reporter/ host
  - Slot
  - Topic
  - Resource person

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**BANKED FOOTAGE (COVERAGE )**

- Dr. Nazal Panganiban-Perez
  - CAD Prevention
  - News
  - Dr. C. Nazal

- Tina Panganiban-Perez
  - GMA7
  - Kapuso ng bawat Filipino.

- Nestor Burgos
  - Philippine Daily Inquirer
  - Health
  - CPR/AED
# Heart News
## Advocacy Page

### TELEVISION/RADIO

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<tr>
<th>Channel</th>
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| **9TV** | 1/6/15 | MedTalk | 7-8pm | Angel Jacob | CAD Guidelines  
Dr. Liberty Yaneza |
| **9TV** | 2/13/15 | MGD | 9-9:30pm | Dr. Luisa Ticsen Puyat | Smoking Cessation  
Dr. Liberty Yaneza |
| **TV5** | 1/20/15 | Healing Galing | 10-10:30am | Dr. Hayden Kho | Hypertension  
Dr. Raul Lapitan |
| **9TV** | 2/3/15 | MGD | 9-9:30pm | Nina Corpuz | Camp Brave Heart,  
CHD  
Dr. Jonas Del Rosario |
| **9TV** | 2/25/15 | Serbisyo All Access | 10 to 11am | Dr. Jonas Del Rosario | Heart diseases observed in kids/adults  
Dr. Jonas Del Rosario |
| **9TV** | 1/1/15 | MedTalk | 7-8pm | Angel Jacob | Hypertension/CAD  
Dr. Victor Lazaro |
| **DWIZ** | 2/18/15 | Radyo Klinika | 7-8pm | Malou Sarne | Women’s Health  
Dr. Cynthia De Lara |
| **DWIZ** | 2/25/15 | Preventive Cardiology | 7-8pm | Dr. Noel Rosas | * Hits |
| **DWIZ** | 2/4/15 | Radyo Klinika | 7-8pm | Malou Sarne | Women’s Health  
Dr. Cynthia De Lara |
| **DWIZ** | 2/11/15 | Radyo Klinika | 7-8pm | Malou Sarne | The Heart’s  
Electrical Circuit  
Dr. Enrique del Fuerte |

### Program Hosts

- Jacob
- Ticsen-Puyat
- Corpuz
- Sarne
The crowd became euphoric when the Pope got off the plane. I witnessed the event on television from our makeshift clinic station, yet I was overwhelmed in sheer joy as much as the crowd was.

The sight of the multitude, bravely standing in prayer amidst the heavy rain and strong winds must have moved the Pope that he felt annihilated, almost unable to speak as he told the journalists.

In his homily, many cried as the Pope recounted the calamity. As he consolingly told us, “We have a Lord who is capable of crying with us, capable of walking with us, in the most difficult moments of life.”

After the mass, the Pope together with ABP Du, greeted and blessed all the pilgrims. He alighted from his pope mobile to bless a family of survivors in San Jose and distribute rosaries. He was also greeted by people who camped out and were eager to see him since dawn. His first stopover was the Archbishop’s Residence in Palo. The locals narrated their stories of survival. The Pope had soup, adobo, and salad. After the quick meal, he proceeded to bless the St. Francis complex for the poor, located at the lower ground within the archbishop’s residence. Orphans, people with disability and the sick waited. Nuns and priests in charge of the place and our medical team were present. Pressed for time he was unable to witness the performance of the children.

Palo Cathedral was his second stopover. He blessed the reconstructed Cathedral and told the crowd he was advised to leave by 1 pm as the typhoon was expected to make its landfall that afternoon. Yet, he managed to bless the mass grave located within the grounds of the Cathedral before going back to the airport. On his way to the plane, Archbishop Du gave him the diocese’s gift, a skullcap and in return handed the one he was wearing to be kept in the museum for souvenir.

The six-and-a-half hour visit of Pope Francis, cut short by the worsening weather, was a memorable and heart-warming moment for us all. Although we knew that it would be back to normal after the Pope leaves, we will
forever not waiver, no matter what happens, for we have been assured “we are not alone in our struggle.” And as always, we remind ourselves … TINDÓG TACLOBAN!!!

Lowly but chosen

“Lowly but chosen” This is how every Taclobanon felt when they knew Pope Francis was visiting Leyte. Like the little town of Bethlehem which Jesus chose as His birthplace, they too, felt blessed to receive no less than the Vicar of Christ.

Like Jesus who felt compassion after seeing the people, “because they were distressed and dispirited like sheep without a shepherd” (Matthew 9:36), the Pope wanted to personally console the people devastated by the typhoon Yolanda (Haiyan) and the 7.2 magnitude earthquake that hit Visayas in October and November 2013.

Catholic Bishop’s Conference of the Philippines president, Archbishop Socrates Villegas said, “Our compassionate shepherd comes to confirm us in our faith as we face the challenges of witnessing the joy of the Gospel in the midst of our trials.”

Leyte and Samar, comprising Region 8 are the ecclesiastical provinces of the Metropolitan Archdiocese of Palo, which is the home to 1,257,977 Roman Catholic. It was in Homonhon, an island in Samar where Catholicism was first brought by Magellan to the Philippines in 1521. To this day, religiosity is deeply rooted among its people. In fact, the Archdiocese has six credited seminaries to build formation for priesthood. Yolanda survivors rouse that it was faith that helped them recover the aftermath of the typhoon.

The Preparation

According to Fr. Wilson Chu, preparations started in early October. To ensure the smooth and orderly visit of the Pope, the EXECOM-Leyte in coordination with EXECOM-Manila was created, headed by Archbishop John F. Du. Working committees composed of archdiocesan priests, Leyte government officials and lay people from different religious organizations took responsibility in welcoming the Pope and his entourage.

The other major working committees, assigned in overseeing the proper implementation of the aforementioned committee plans were the executive steering committee, secretariat, finance, transport, health, media, youth volunteers and physical arrangement.

Chancery, the Archbishop’s office was assigned as the information center. It is also where the pilgrim’s IDs and car passes were made by nuns and seminarians. City Engineers and field workers took part in the preparation of the City to accommodate pilgrims and visitors. Pavements, bridges and streets damaged by the typhoon were subsequently rebuilt. Street lights were restored. Laborers reconstructed the airport grounds and runway. At the area where the papal mass was to be held, a huge stage was erected surrounded by scaffoldings for big screens and speakers.

Residents rebuilt and repainted their homes to welcome relatives from nearby towns. As early as December, hotel reservations were running out. Welcoming streamers were put up, decorating the city while yellow and white flags along with Philippine flags waved.

On the 2nd week of January, visitors
Pope Francis said Mass at the Daniel Z. Romualdez Airport that was attended by more than 150,000 Catholics. The storm did not dampen the Leyenos' spirits. Cops on duty never left their posts and citizens never left their line.

The DOH reported to have enlisted a total of 8,000 health care providers during the general assembly and briefing that was held at the Regional office in January 15, 2015. Makeshift clinics made of tents were stationed along strategic areas where pilgrims are expected to gather. DOH made sure that a medical team is available for every 500 pilgrims. Medical teams at the airport were equipped to conduct minor surgeries.

The Pilgrims
A day before Pope Francis arrival in Tacloban, tropical typhoon Amang (Mekkhala) carrying a maximum wind of 60 miles per hour, began its downpour. Speculations about the cancellation of the Pope's visit escalated. PAGASA made up-to-date weather reports, radio and television stations repeatedly announced the Pope's itineraries for the following day reassuring every one of the Pope's arrival.

Withstanding the rain, pilgrims started to gather in their designated schools and churches. At 6 pm, the first batch of pilgrims from Sto. Parish along with their presbyters started their procession to the airport. Each pilgrim carried with them enough food and water for the night and the following day. They were advised to use transparent bags to alleviate inspection. Raincoats were given to each one and were worn on top of their color-coded shirts.

After the security check at the airport entrance, they were asked to stay in their assigned places. Pilgrims from the suffrage dioceses of Calbayog, Catarman, Borongan and Naval as well as visitors from the dioceses of Maasin, Cebu, Bohol, Dumaguete, Iloilo, and Negros joined in. The overnight vigil was filled with catechesis, reflections, prayers and songs of praises led by priests and youth volunteers.

Towards dawn, typhoon signal number 2 was raised in the City but the crowd at the airport grew larger. The first batch of concelebrating priests was to be shuttled to the papal mass venue at 2 in the morning. Designated buses carrying government officials were to follow. Drop off points, located 3 kilometers from the airport were earlier identified.

In streets, groups of people continued to assemble. They waited behind the wooded barricades. Police officers and layer of human barricades also lined themselves along the stretch of the 1.2 kilometer road going to Palo. I was on the streets as early as 4:30 in the morning to join the medical team assigned in St. Francis center in Palo.
Those five seconds of my encounter with His Holiness were sandwiched in between hours of waiting and attending to administrative and medical matters in the hospital. Having been assigned to take charge of the hospital in the event of a mass casualty incident (thank God nothing happened!), I, together with several other doctors, were very busy with making sure the event would proceed as orderly and peacefully as possible.

Actually, it took several months of planning leading to this historic day.

Under the leadership of the over-all chair of the Papal Visit to UST, Fr. Herminio Dagohoy, O.P., Rector Magnificus, the UST Hospital was tasked, along with the Student Health Service, as the emergency response facility for the gathering and to serve the medical needs of the participants during the event.

The Hospital team was led by our Medical Director, Dr. Eduardo Caguioa who served as incident commander, and Dr. Florian Nuevo, a cardiac anesthesiologist. The Student Health Service team was directed by Dr. Rhodora De Leon, a pediatric cardiologist. Incidentally, the Papal Team included quite a number of prominent cardiovascular specialists. The satellite health stations were manned by Dr. Josefino Sanchez, a vascular surgeon; and cardiologists Drs. Cindy De Lara, Frances Purino and Lerrie Gutierrez. UST Cardiology Fellows Drs. Raymond dela Cruz, Ritchie Go and Franco Rubrica formed part of the Hospital Emergency Foot Patrols serving as first aid teams to the massive crowd that gathered. Dr. Rodelio De Sagun formed part of the entourage and team that greeted the Pope on his arrival at the Arch of the Centuries. Meanwhile, Drs. Milagros Yamamoto, Wilson Tan De Guzman, Don Robespierre Reyes, Nestor Bagsit, John Paul Tiopianco and this author manned the hospital. It was virtually a “Cardiovascular Papal Team”! Aware of the potential for sudden cardiac arrest during this gathering, the Section of Cardiology borrowed the Philippine Heart Association Automatic External Defibrillator, with the approval of PHA President Dr. Abanilla and CPR Council Chair Dr. Francis Lavapie.

The months leading to this moment were sort of an improvised training course in disaster medicine and mass
My 5-second encounter with the Pope...

By Marcellus Francis L. Ramirez, MD

“What you think, you feel and you do. Feel what you think and feel what you do. Do what you think and what you feel.” – Pope Francis
gathering medicine for the group. This was a first time in a long while, that the University and the Hospital will be hosting such a huge public gathering, and the first time that the Hospital will serve as the emergency healthcare facility for a national event. The last time that the institution hosted a gigantic affair was the 1995 World Youth Day when Pope John Paul II visited the university grounds, but times were different then.

The preparation took into consideration several health planning elements which would be crucial in ensuring that a public gathering would go on smoothly. These included the crowd size, the triage and medical care facilities, communication methods, weather and disaster planning. Utilizing a prediction model derived from Arbon in the Australian Journal of Emergency Management, considering factors such as the anticipated crowd size, outdoor environment, humidity, and duration of event, we projected an estimate of 80-100 patient presentations.

Alas, the turnout ended up higher than that. A total of 201 cases were attended to by the team. Majority presented with dizziness, dyspnea, chills, and hypertensive urgencies. Quite a number came in with chest pains and acute coronary syndromes. Patients with chronic kidney disease on hemodialysis skipped their dialysis sessions just to line up and get a glimpse of the Pope. There were a couple of patients with severe rheumatic valvular heart disease who...
tried their luck and squeezed their way through the mass of people. They were brought to the satellite health stations in decompensated heart failure and had to be transported to another hospital. Looking back, it somewhat reflects the typical Filipino belief that one’s ailments may be cured by faith. Thankfully, all patients were cared for and there were no casualties.

Overall, the event was a success for both the people who gathered to see the Pope and for the healthcare providers who served the emergency needs of the participants. I would have wanted to see the Pope longer and listen to the inspiring message that he delivered, but I had to quickly attend to a spectator complaining of chest pain, immediately after that five seconds brief encounter that I had.

I only got to read the message of the Pope in succeeding printouts after the event. In his impromptu speech, Pope Francis mentioned several things that still resonate in my memory: “What you think, you must feel and put into effect. Your information comes down to your heart and you put it into practice. Harmoniously. What you think, you feel and you do. Feel what you think and feel what you do. Do what you think and what you feel. The three languages..."

indeed, the last three phrases are such powerful messages for me, as a cardiologist and healthcare professional, and ultimately as a servant to Him. In our profession, we must think well in arriving at the correct diagnosis and treatment plan for our patients. We must feel for the patient and be compassionate and empathize with them. We must do well and do the right thing in our practice of medicine.

I only got to encounter the Pope in that brief five seconds, as I was lifting up my smartphone, taking successive snapshots of His Holiness. Those were enough to inspire me to think well, to feel well, to do well.

Special acknowledgement to Drs. Clevelinda Calma, Rhona Bergantin, JP Tiopianco, and Florian Nuevo for the pictures.
As early as November 2014, we got the good news that my husband, Dr. Leonardo Borromeo, was among the chosen few to serve as a lay minister during the January 2015 Papal Visit Concluding Mass at the Quirino Grandstand in Luneta on January 18, 2015.

For hard-core Catholics like us, getting this once-in-a-lifetime special task is more of a privilege than a duty. We go to church religiously as a family thus the idea of hearing Mass at the Grandstand, so close to the Pope sounded so great.

Big deal! I couldn’t stop myself from spreading the good news.

Wanting to be in Manila one day earlier, I thought of billeting ourselves in a bayside hotel but to our dismay, all the hotels were fully booked.

All the premiere, midmart and boutique or bed and breakfast hotels enjoyed a 100-percent occupancy rate.

Ergo, we anticipated a journey sans comfort. No halfway house. No full meals.

So on Jan. 17, we lugged our light sleeping mats, jackets, raincoats, a small baon and bottled water, and headed for Manila.

Then we went separate ways. Dr. Borromeo joined his fellow lay ministers while my daughter Sweet, my brother, sister-in law and I ears glued on international cable TV and their mobile phones for the freshest updates.

Amidst the sea of people and the intermittent rains and drizzles, we traveled by foot in small strides, sometimes we literally crawled, then stopped occasionally to nibble our baon and to drink water; and to catnap in the park. Afterwards, we inched our way again.

Alas! We managed to occupy a strategic niche close to the grandstand, biked to the grandstand.

We missed my son, Christian, who was on vacation in the US and my daughter, Honey, who recently migrated to the US. But they were with us in spirit, just like our relatives and fellow Filipino Catholics who are based in different parts of the world, and patiently had their eyes and ears glued on international cable TV and their mobile phones for the freshest updates.

Finally, we’re right in front of the Pope after the long walk and vigil.

All smiles even in the rain.
Given the circumstances, not having adequate food, enough leg and elbow rooms while walking under the rain and sun from 10pm to 7am the next day, the long walk could be easily described as gruelling. But amazingly, the nine-hour pilgrimage, did fortify our faith and strengthen our muscles.

Finally, the much-awaited 3pm Concelebrated Mass happened and we got a good glimpse of our super hero, Pope Francis.

Seeing him up close made us ecstatic, feel blessed and re-charged.

As Papa Francisco delivered a high-impact message of solidarity and hope, we can’t help but shed tears of joy having been a party to what is one of the most memorable events in our lives.

And the selfie mode went on and on. The Papal fever has indeed swept us!

**Papal Visits**

Approximately 83% of the population of the Philippines are Catholics. This makes this tiny country in the Far East a predominantly Catholic nation.

Spanish colonists brought Catholicism to the country from the 16th through 19th centuries.

This explains the Pope Mania contagion. The theme of Pope Francis’ January 15 to 19, 2015 Papal Visit is “Mercy and Compassion” (Awa at Habag).

It is the first state and pastoral visit of the Italian-Argentine Papa Francisco, to the Philippines. He flew to Manila and Tacloban and Palo, Leyte to pay a visit to the Typhoon Haiyan “Yolanda” victims.

Papa Francisco became the second pope to go beyond Manila during a papal visit to the Philippines, after Pope John Paul II who paid the Filipinos a visit in 1982 to beatify Lorenzo Ruiz and in 1995 on the occasion of World Youth Day Celebration. Pope Paul was the first pontiff to visit the Philippines in 1970. ♥
Echocardiography
The study of heart sounds we cannot hear

Echocardiography comes from the two words. “echo” meaning reflected sound and “cardiography,” the study of the heart. The machine is called echocardiograph. Echoes are generated by a small instrument called “transducer,” which produces high frequency sound beyond the hearing range of human ears, i.e., sounds with frequent higher than 20,000 cycles per second. However, medical echo recordings use still much higher frequencies in the order of 2 million cycles per second or 2 Mega Herzts, abbreviated as 2 MHz. In newborn and infants, much higher frequencies, 3 to 7 MHz, is permitted.

The heart of a transducer is a “piezoelectric” (pressure-electric) crystal-like ceramics. By passing an alternating electric current through the crystal, sounds of very high frequencies can be generated. These sounds, when bounced against the various cardiac structures by placing the transducer on the chest wall close to the left border of the breast bone between the rib attachments, produce echoes characteristics of specific structures of the heart. The technique is not unlike the sounding of the ocean depth for locating schools of fish or enemy submarines.

The heart lies close to the anterior chest wall in the left chest. By varying the tilt of the transducer on the chest wall, the direction of the ultrasonic beam will hit different parts of the heart, allowing the observer a wide field for scanning the actual dynamics of the heart. The technique is not unlike the sounding of the ocean depth for locating schools of fish or enemy submarines.

Some structures in the heart are not readily accessible to ultrasound; hence, putting their echoes on paper is technically impossible.

Since 1976, commercially available echocardiographs using twenty or more crystals in the transducer have been put to clinical use. These new transducers project the heart in what is technically known as two-dimensional imaging abbreviated as “2D Echo.” The multiple crystals are driven electronically one at a time or in groups. The ultrasound forms a wave plane which in turn produces a composite image of the heart and its structures.

The 2D image can be projected through different planes of the heart so that multiple views are available for screening and analysis.

A video tape system complete with movie camera can record the entire cardiac image in different views. The tape can be replaced either on an on-line or off-line video player to study and formulate the final diagnosis.

In sum, this examination is productive of specific diagnosis and precise information not obvious in other heart examinations or procedures in many instances the correlation with other examination strengthens the diagnosis and may substantially alter the mode of treatment and prognosis. This form of examination is a dimension in our medical progress wherein we put to use even the sounds that we cannot hear and our hearts are the better for it.

By Homobono B. Calleja, MD

Director Emeritus,
St. Luke’s Heart Institute

PHAN lay forum
opens Dr. HB Calleja’s book “Romance of the Heart” first distributed in 1980 as a lay resource.
The patient is an 11-year-old girl who was diagnosed to have sarcoma of the leg. She underwent amputation in one of the premier hospitals in Manila and soon after was referred to an oncologist for chemotherapy. About 3 weeks after the amputation, she was readmitted for administration of 3 chemotherapeutic agents – Cisplatin, Doxorubicin, and Cosmegen. The days that followed were stormy. The patient developed facial rashes (for which the patient was referred to another doctor for possible concomitant SLE) progressing to the neck and trunk, stiffening and twitching of the extremities the parents described as convulsion but the oncologist called carpopedal spasms, hematemesis, melena and eventually, the patient died eleven days after the start of chemotherapy. Every time these complications were noted by the parents they would ask for an explanation but were told “wala yun, epekto ng gamot” until the last days when they were told the patient developed sepsis as part of the sarcoma. The hospital refused to release the death certificate as the parents could not pay the entire bill. The cadaver was sent for autopsy at the PNP Crime Laboratory which indicated the cause of death as “Hypovolemic shock secondary to multiple organ hemorrhages and Disseminated Intravascular Coagulation”. On the other hand, the Certificate of Death issued by the hospital stated the cause of death as Osteosarcoma, S/P Above the knee amputation and S/P Chemotherapy.

The oncologist was sued for medical negligence in administering the chemotherapy. The witnesses presented were the Medico-legal officer who did the autopsy and a Medical Officer of the DOH, both are not specialists of the case in question. The trial court held no medical negligence was done. On appeal, the court affirmed no medical negligence was done in doing the chemotherapy but convicted the oncologist for medical negligence in failing to give material information to the parents concerning the side effects of the chemotherapy so they can give an informed consent and was slapped with actual, moral and exemplary damages plus Attorney’s fees. The case was brought to the Supreme Court with the sole issue of whether the oncologist can be held liable for failure to fully disclose serious side effects to the parents of the child who died while undergoing chemotherapy, despite the absence of finding that petitioner was negligent in administering the said treatment. I will give the verdict of the Supreme Court at the end.

There are four essential elements a plaintiff must prove in a malpractice (negligence) action based upon the doctrine of informed consent: (1) the physician had a duty to disclose material risks; (2) he failed to disclose or inadequately disclosed those risks; (3) as a direct and proximate result of the failure to disclose, the patient consented to treatment she otherwise would not have consented to; and (4) plaintiff was injured by the proposed treatment. The gravamen in an informed consent case requires the plaintiff to point to significant undisclosed information relating to the treatment which would have altered her decision to undergo it.

To be continued ♥
CGHMC HI DOES ...from Page 21

morphological features and to identify prohibitive factors such as a small mitral valve orifice or extensive immobilization, thickening or calcification of the leaflets. European registries have reported high procedural success rates. In the US, it received final FDA approval for clinical use in October 2013. And in the Philippines, the very first successful percutaneous mitral valve repair with the use of MitraClip system was done for a patient with severe functional mitral regurgitation. This was performed by largely the same team that performs Endovascular Aneurysm Repair (EVAR), Thoracic Endovascular Aortic Repair (TEVAR) and Transcatheter Aortic Valve Replacement (TAVR).

This novel approach to mitral valve repair heralds another advancement in interventional cardiology that may change the landscape of managing valvar heart disease. It is foreseen in the future that percutaneous mitral valve repair will eventually become mainstream therapy, not just internationally but locally as well.

Table 1
Patient selection criteria for the MitraClip procedure (based on inclusion criteria in the EVEREST trial programme (34, 35, 50))

<table>
<thead>
<tr>
<th>Clinical criteria</th>
<th>Moderate-to-severe (3+) and severe (4+) MR¹</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Meeting class indications for intervention (MVR or mitral valve replacement) by the ACC/AHA or ESC guidelines²</td>
</tr>
<tr>
<td></td>
<td>MR aetiology: degenerate or functional</td>
</tr>
<tr>
<td></td>
<td>Non-rheumatic or -endocarditic origin of MR</td>
</tr>
<tr>
<td></td>
<td>High surgical risk by EuroSCORE or STS scores</td>
</tr>
<tr>
<td>Anatomical criteria</td>
<td>MR originating from the central 2/3 of the valve</td>
</tr>
<tr>
<td></td>
<td>Mitral orifice area ≥4cm²</td>
</tr>
<tr>
<td></td>
<td>Criteria for degenerative MR (see fig. 3) Flail gap &lt;10 mm Flail width &lt;15 mm</td>
</tr>
<tr>
<td></td>
<td>Criteria for functional MR (see fig. 3) Coaptation depth ≤11 mm Coaptation length ≥2 mm</td>
</tr>
</tbody>
</table>

¹MR severity grading according to recommendations by the American Society of Echocardiography [51].
²ACC/AHA 2006 guidelines for the management of patients with valvular heart disease [8] and ESC 2007 guidelines on the management of valvular heart disease [9].

ACS REGISTRY...from Page 14

3rd Universal Definition of MI and MINS

Myocardial injury after non-cardiac surgery (MINS) is common, occurring in 8% of patients (aged 45 and above who underwent non-cardiac surgery; 1 in 10 patients with MINS will die within 30 days. Only 15% of patients with MINS experienced an ischemic symptom; 85% (8 in 10 patients) would have gone undetected without troponin monitoring after surgery, said Dr. Eugene Reyes, immediate past PHA president. Reyes

Surgery is a risk factor for MINS. Most MINS occur in the first 48 hours. Most patients are often asymptomatic; poor MINS prognosis was noted. Selective troponin screening is crucial to detection and intervention; several expert guidelines recommend troponin monitoring.

In an initial cohort with screening in four centers in Metro Manila, 31% or 28 out of 90 screened had MINS. Eleven percent with MINS who were asymptomatic died in the hospital.

Meanwhile, Reyes added that the ACS Guideline has changed names (since the last comprehensive revision in 2007 for ACC and 2009 for PHA ) to the Guidelines for the Management of Patients with non-ST-elevation Acute Coronary Syndrome (NSTE-ACS).

Antiplatelet Therapy in ACS

Antiplatelets have an established role in ACS. But the optimum balance between prevention of cardiovascular events and bleeding is yet to be established, said Dr. John Anonuevo, who tackled Antiplatelet Therapy in ACS Challenges & Controversies

Aspirin is the mainstay but the evidence to its use predates the development of new antithrombotics. Evidence to its “non-use” have been limited probably because of ethical concerns. Recently, the role of aspirin has been questioned. Small studies that regimens without aspirin do not increase the risk of cardiovascular events. RCTs without aspirin are currently being undertaken, he added.

Several antithrombotic strategies have been suggested. Regimen containing Ticagrelor may be a better option with the best net benefit shown by a meta analysis. Other strategies to improve the net benefit of antiplatelets such as platelet function-based therapy but have yet to be proven effective.
Facts & Myths about Diabetes

1. **Kaya ka nag diabetes. Kain ka nang kain ng kendi.**
   Diabetes is a constellation of diseases that involve problems with insulin. It is true that the inability to control glucose is a hallmark of the disease: when glucose levels rise in the blood, insulin is released to maintain a tight control. But glucose here refers to the end-product of the breakdown of everything we eat & drink, whether it is a Mars bar or that steak you had last night. A diet where you can eat anything except candy is a delusion, you poor fool.

2. **E, tigilan ko lang kumain ng kendi at ayos na.**
   The genius who cures diabetes will win the Nobel. For now, our understanding is that diabetes happens 1) when the pancreas fails to produce insulin; 2) when the pancreas produces too little insulin or 3) when the tissue are unresponsive to the effects of insulin (insulin resistance). In none of these mechanisms is there basis for the belief that cutting sweets from the diet will cure diabetes.

3. **Kung ganun, ubusin ko na lang yung natira sa Easter candy.**
   You’d like that, won’t you? Sorry, but though withholding candy does not cure diabetes, it is still necessary to abstain. Candy and refined carbohydrates do not need much processing and will immediately explode into the blood stream as a sharp rise in glucose thus promoting increased triglycerides and other derangements of lipid. It is the deleterious effect of diabetes on the cardiovascular system: a form of accelerated aging or atherosclerosis, that leads to increased death & disability.

4. **Nope. Hindi na ako nagpa check-up ng diabetes ko kay doc. Okay naman ang pakiramdam ko.**
   There are 2 types of diabetes: type 1 usually seen in the young, is marked by a total absence of insulin; and type 2 (adult onset) that is usually associated with overweight. While the onset of type 1 diabetes is usually dramatic characterized by rapid weight loss and malaise, type 2 is a more insidious course. In fact, “feeling okay” is common. But we want to treat diabetes, controlling the sugar before the heart or the eye or the kidney is damaged; and treatment will be less expensive at the start. Getting treatment early before end-organ damage has set in is not only a good health decision, it is good economics too!

5. **Nakakalungkot… grabe na ang diabetes ng nanay ko. Naka-insulin na siya.**
   Not necessarily. Insulin is responsible for the maintenance of stable glucose levels, so that a tendency to snack and eat excessively will mean more outlay of the hormone and an earlier depletion of supply. The oral preparations for diabetes only work by 1) increasing the body’s sensitivity to insulin; 2) preventing excessive assimilation of glucose precursors; 3) increasing the kidney’s ability to excrete sugar; and 4) squeezing the pancreas dry of insulin. As the saying goes “you can not squeeze water from a stone” and neither can you squeeze insulin from a “dry” pancreas.

6. **Hindi gumagaling ang sugat ng mga diabetic.**
   Hmmm… everyone is aware of the dreaded complication of gangrene in a diabetic foot. More often due to the diabetic nerve damage that alters the delicate engineering of the human foot, this is not some strike-out-of-the-blue event. It is the neglected soft tissue injury and repeated trauma on the deformed foot that ultimately progresses to gangrene and amputation. If injuries like abrasions, blisters or wounds are caught early, gangrene can be prevented. So when the physician gives the diabetic instruction to INSPECT his feet carefully, he means to sit on bed and raise his feet to his lap and do so EVERY NIGHT.

7. **Ano? Tumaas ang sugar ko? E, hindi na lang ako kakain ng agahan at hapunan.**
   Wrong move. Even if sugar is “toxic” to the system, glucose is still the ONLY currency the body understands. Deprive the body of

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**OPINIONATED MD (murag doktor)**

By Celine Teves Aquino, MD

- Section head, Dept. of Cardiology
  Vicente Sotto Government Hospital

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See Page 55
Late last year, the ACC/AHA released its latest guidelines for the management of Non-ST elevation acute coronary syndromes. We highlight in this issue the salient changes and focus of the new recommendations. Unstable angina and non-ST elevation myocardial infarction have similar presentations. Thus, they are now considered together as the non-ST elevation acute coronary syndromes.

New Guidelines

What’s new in NSTEMI?

By Lauren S. Salazar, MD
Chief Fellow, UST Section of Cardiology

Aside from changing nomenclature, the term initial conservative management to ischemia guided strategy. Ischemia guided strategy refers to the use of noninvasive evaluation to detect presence of severe ischemia at low workloads. This strategy is deemed appropriate for patients whose conditions can be stabilized by medical therapy alone without the need for unnecessary coronary angiography and revascularization. Ischemia guided strategy is recommended in patients who have low risk TIMI or GRACE scores, females with low risk and are troponin negative, and patient or physician preference in the absence of high risk features.

The invasive strategy was found to be beneficial only in the highest risk patients in the RITA (Randomized Trial of a Conservative Treatment Strategy versus an Interventional Treatment Strategy in Patients with Unstable Angina) trial. No significant benefit was found in mortality among low to moderate risk patients. However, it must be noted that in medical therapy was generally not optimized in this investigation.

The new guideline has also divided the invasive strategy according to temporal considerations. Immediate invasive approach is defined as carrying the procedure out within two hours, early invasive within 24 hours and delayed invasive within 25-72 hours.

Immediate invasive strategy is recommended in patients who have refractory angina, signs of heart failure, new or worsening mitral regurgitation, signs of hemodynamic instability, recurrent angina or ischemia at rest or low level activities despite optimal medical therapy and in those with sustained ventricular tachycardia or ventricular fibrillation.

Early invasive strategy is appropriate for patients with GRACE score of >140, with significant increments in serial troponin and new ST
The latest guideline, released last September 2014, by the American Heart Association for the management of patients with non-ST-elevation acute coronary syndromes is here. Not only did AHA revise and update the 2007 guideline (which since its publication only had some minor revisions and focused updates), it also changed its name. The new title “Non-ST-elevation acute coronary syndromes” more or less highlights that unstable angina (UA) and non-ST-elevation MI (NSTEMI), are not separate entities, but rather a continuum of the spectrum of acute coronary syndromes, wherein their clinical presentations are practically indistinguishable.

The guideline also replaced the term “initial conservative management” with “ischemia-guided strategy.” Although management principles are essentially similar, and the change is somewhat only in the nomenclature, the guideline focuses and directs treatment more towards addressing pathophysiology.

Ticagrelor was particularly mentioned in this guideline. It was given a Class iia recommendation over clopidogrel. This was backed-up by landmark trials PLATO and TRITON-TIMI 38. Does this recommendation spell the end of clopidogrel? While at least two big trials show superiority of ticagrelor over clopidogrel, the robust data favoring clopidogrel over previous standard anti-platelets cannot be thrown away easily. Clopidogrel remains to be a good option, to say the least. Although clopidogrel resistance is a reality, the significantly higher cost of ticagrelor, and the fear from seemingly higher rates of hematoma and bleeding episodes, especially for patients who underwent percutaneous coronary intervention, makes it quite difficult to veer from the comfort wrought from vast experiences of using clopidogrel.

Moreover, the recommended duration for dual anti-platelet (DAPT) use was still at 12 months, be it a drug eluting stent (DES) or bare metal stent BMS. This is so, despite the shortened recommendation (as short as 3 months for DES) from European studies. This makes me ask another question: What about the duration of DAPT treatment of ACS patients?
Case study:
Patient R.D. consulted Doctor A because of midsternal chest pain. He was eventually diagnosed to have coronary artery disease and Doctor A advised him to undergo coronary angiogram because that is what he needs and gave the patient admitting orders for the procedure. The patient however declined and requested to be given time to think about it. R.D. decided to get a second opinion and consulted Doctor B, another cardiologist, as recommended by a friend. Doctor B, is known for his patience and empathy for his patients. He explained in simple language the details of his illness, why coronary angiogram is needed, the indications, risks and benefits of undergoing the procedure, and answered all questions to the satisfaction of R.D. He mentioned to Doctor B that he had already been seen by Doctor A who requested the same procedure but expressed that he prefers to be admitted under the service of Doctor B.

The patient was advised by Doctor B to go back to Doctor A since the latter saw him first, however, R.D. informed Dr. B that he is more comfortable with him and would like to be admitted under his care.

1. Is it proper or ethical for Doctor B to admit the patient under his service?
2. Can Doctor B refuse the patient?
3. If Doctor B does admit the patient, should he tell Doctor A about it?

The patient has the prerogative to choose his physician. The fact that he decided to get a second opinion means he was not satisfied with the Dr. A and wanted some explanations and reassurance which was met by Dr. B. The patient doctor relationship is largely based on trust and confidence which was apparently not met with the first consultation. Doctors should not be offended if patients decide to get a second or even a third opinion. It is their right to be provided complete and factual information in order to make a truly informed decision and this was provided by Dr. B.

On the other hand physicians can also decide to accept a patient or not (unless it is an emergency). In this particular case, it is not

Dr. Angelita M. Aguirre is a professor of Medicine and Bioethics at the University of Santo Tomas Faculty of Medicine and Surgery, an Honorary Fellow of the Thomsian Heart Specialists Alumni Association, and a consultant staff of the Makati Medical Center.
TRUTH TELLING AND INFORMED DECISION: What do we tell our patients?

Truth Telling is part of professional communication. Physicians must be conscious about the fact that openness and honesty are now part of medical practice and should no longer be ‘paternalistic’ Factual data is an important component of informed decision/consent. Everyone has the right and responsibility with regard to his own well-being and the pursuit of happiness and eternal life.

In the Christian concept, this right to request and choose the medical care should be one that will fulfill one’s responsibility not only to self and neighbor but most of all to GOD.

The World Medical Association WMA, formulated the Declaration of Rights of the Patient in Oct. 1981 and was amended by the 47th Assembly, in Sept. 1995. These rights are upheld by the the Dept of Health and in fact a requirement in ALL PhilHealth accredited hospitals. These should be posted in the walls of major service areas to educate patients about these rights. Unfortunately many of these provisions are largely ignored in many places in our country.

Some of these basic Patient’s Rights are the following:
• Right to medical care of good quality
• Right to information
• Right to health education
• Right to freedom of choice
• Right to confidentiality
• Right to dignity — including the
• Right to religious assistance

Case studies:
I. R.C. is a 26 year old patient who was seen in a mission site with a BP of 200/110. She disclosed that she has been receiving injections of Depo Provera every three months for the past 2 years. She was asked if her BP is checked before each injection and whether her BP was checked before she was started on this method of family planning and her answer was negative to both questions. She was told that this method is very safe and with no adverse effects on health.

II. A.N. is a 40 year old female who is on Cardiac Rehab after a CABG. As part of her patient education program she learned that taking birth control pills for over ten years have contributed to her major illness. She lamented the fact that her Obstetrician did not inform her about this adverse effect.

Discussion:
It is a known scientific fact that hormonal contraceptives can have adverse effects on the cardiovascular system e.g. premature hypertension, coronary artery disease, stroke, thromboembolic problems are well documented (J Clin Endocrinol Metab 90:3863–3870, 2005; Stroke, 2002;33:1202–1208) among other things (Mayo Clin Proc.2006;81/10) 1290–1302; WHO- IARC, Press release No. 167, July 29, 2005). To make a truly informed choice/decision, health care providers have a serious responsibility to discuss all these with potential users because these are forms of family planning and not treatment for disease. Aside from the 8 provisions of RA 109354 which were declared unconstitutional by the Supreme Court, the court also expounded on the importance of informed decision and the responsibility of government to assist and take care of patients who will suffer from adverse effects from the contraceptive drugs and devices offered by government health centers.

In the State of California there is a 1-800 number advertised on television which patients can access for medical assistance in case of adverse events from hormonal contraceptives and below is a list of questions that patients on these forms of family planning have to answer when they come for follow up:

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The reward for identifying capture beats is a disclosure of what is needed for successful AV conduction in the face of AV dissociation. Capture beats also imply that AV dissociation, either by default as in third degree AV block or by usurpation as in accelerated subsidiary rhythm, is less than complete. A ventricular capture beat appears when an atrial impulse manages to get through to the ventricles before the next independent beat is due. Its occurrence is signified by an unexpected shortening of the R–R interval that disrupts the clockwork regularity of the ventricular cycles during AV dissociation.

The foregoing figures are selected leads with corresponding laddergrams from the 12-lead ECG of a 62-year old female with ACS (to be presented in the next PHAN issue). Independent atrial (63 to 65 bpm) and ventricular (65 bpm) rhythms are depicted in Fig. 1 and 2. The overlapping rates of atrial and ventricular depolarizations result in competing dominance between the sinus node and a subsidiary pacemaker causing intermittent isorhythmic AV dissociation. A slightly faster ventricular than atrial rate suggests AV dissociation by usurpation due to an accelerated rhythm generated by a junctional pacemaker located above the bifurcation of the His bundle producing narrow QRS complexes.

Fig. 3 and 4 show abruptly shortened R–R intervals in which the P waves appear to distort the preceding T waves followed by conductible P–R intervals of 0.18 sec. The resulting relatively taller QRS complexes are

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In our country, we have none of these, the poor patients are largely treated without genuine concern for correct, factual and truthful information and kept ignorant about these dangers. There is a need to emphasize the importance of truth telling, genuine informed decision, and respect for the autonomy of patients in medical schools and while physicians are in post graduate training.

To the practicing Christian and Catholic and all other patients for that matter,, the other serious information that should be provided is the fact that no medicine work 100% and therefore inspite of these hormonal contraceptives there is a possibility of breakthrough ovulation, which, based on the more recent studies can occur in as high as 30% (Letterie, G.S., Contraception, 1998; 57, 39-14.) Take note that in case the ovum is fertilized the back up effect of the pill or other hormones is to make the uterine lining hostile to implantation (referred to as the ‘3rd effect’), and therefore can work as a chemical abortifacient (Up to Date On Line 2015, www.uptodate.com). Patients have asked the question why they have not been informed about this serious potential effect? Please note that the supreme court declared that Sect. 3.01(a) and (j) of the IRR contravenes Sec. 4(a) of RA10354 and violates Sec.12, Article ii of the Constitution which states that life must be respected from the moment of conception (meaning fertilization). let us remember that patients are not really free nor autonomous in their decision making if they are ignorant about facts.

Shouldn’t we call the attention of the DOH and FDA about these ethical principles that should be practiced and applied to all patients as required by law? ♥

Aberrantly conducted ventricular capture beats. These capture beats appear when the R-P intervals are longer than 0.30 sec (Fig. 2) which allow the AV conduction system to recover from its refractoriness caused by the preceding junctional depolarizations. At R-P intervals longer than 0.86 sec, however, the P waves are pre-empted by the next autonomous junctional impulse rendering them non-conductible (Fig. 5). Thus, a critical R-P interval flags the boundary between conduction and non-conduction at the AV junction. At R-P intervals between 0.30 and 0.86 sec, successful 1:1 AV conduction is possible (Fig. 6).

Timing is crucial for capture. Capture beats follow the dictum, “catch it while you can.” ♥

Checklist for each return visit for women using pills

Before you are seen by a counselor or clinician, please tell us your response to the following questions. Please check yes or no. Tell us if you have

- High blood pressure
- Been smoking at all
- Been taking medicines for seizures
- Been taking over-the-counter herbs
- Ever forgotten to take your pills
- Forgotten to take pills quite often
- Changed sexual partners

Experienced any of the following pill danger signals:
- Abdominal pain?
- Yellow skin or eyes?
- Chest pain?
- Headaches which are severe?
- Eye problems: blurred vision or loss of vision?
- Severe leg pain?

“ACHES” is a way for you to remember the pill danger signals. Please explain any question you have answered “yes” to:

Successful managed medically?

Discharge planning, transition of care, and coordination of care, likewise were key features in the new guideline, the importance of which cannot be overstated. These may address the common problem of non-compliance among patients after discharge. This may be particularly helpful in our local setting as a number of patients are lost to follow up and may discontinue medications on their own.

There may be some gray zones contained in this new guideline as no guideline is ever close to perfection. With more answers found, new questions arise. In general, the new guideline on Non-ST Elevations ACS has definitely made management more logical and practical narrowing the gap between problems and solutions. ♥
The world and its myriad cultures are said to be the best teachers. Every destination is a cradle of education. There, we learn to be culture-savvy as we are compelled to adapt to a different way of life, especially when we encounter people different from us.

Each time we travel, we look forward to a new experience – mostly spectacular sights and pleasant gastronomic surprises. Cuisine expeditions satiate the stomach and the senses.

“Heart Month 2015” saw the entire PHA Board (Drs. Joel Abanilla, Alex Junia, Raul Lapitan, Jorge Sison, Helen Ong-Garcia, Nannette Rey and Aurelia Leus, as well as Romeo Cruz and Ricky Alegre) as well as four staff (Gina Capili-Inciong, Myrna dela Cruz, Irene Alejo and myself) in Iloilo City from Feb. 20-22, 2015. A native of Iloilo, Dr. Abanilla is based in Manila.

In between the preparations and hosting of the Heart Month Fair at the Ateneo de Iloilo on Feb. 22 and, before that, the...
launching of the PHA 2014 Coronary Artery Guidelines at the Venue in Smallville on Feb. 20, we hied off for a quick peek at the Spanish and American-inspired mansions in the city’s elite districts -- the Sanson-Montinola Antillan House, Ledesma Mansion, Locsin Mansion, Lopez-Vito House, Nelly’s Garden, Jalandoni-Montinola Mansion and Villa Lizares, and the imposing period churches in Jaro, Molo and Arevalo -- the Sto. Nino de Arevalo Church, Molo Church and Jaro Cathedral.

Our expedition by car and by foot, was made breezy by Dr. Joel who was our “tour guide on the side.”

The modest eating nooks that we sampled tickled our tongues and tummies, and teased our curiosity.

**Cafe Crispino, Punta Villa Resort, Arevalo**

At Punta Villa where we were billeted, we were served home-cooked meals with a “twist and bite.” We enjoyed the sweet and sour shrimp, *bangus inasal* with *atchuete*, fried *daing nga pantat*, *lechon* (sans sarsa), *lumpia ubod* in yellow wrapper, chicken *inasal*, *molo* soup and sugar-free *guyabano* juice (as requested).

The air-conditioned dining room cum mini-photo gallery is for the exclusive use of the members of the Avanceña-Melocoton-Abanilla clan and their VIP guests.

The walls here are decked out with framed photos of familiar faces. Yes, famous Ilonggos, among whom were Senate President Franklin Drilon and Senator Miriam Defensor-Santiago. Not to mention the Abanilla family’s illustrious ancestors -- Fernando and Eulalia Avanceña, Ramon Avanceña, Rufina Avanceña and Crispino Melocoton.

“One’s destination is never a place, but a new way of seeing things.”

– Henry Miller
Feature

“The world is a book and those who do not travel read only one page.”
– St. Augustine

Ocean City Seafood Restaurant, Smallville/Boardwalk Complex
Exuding a hip appeal, Ocean City serves traditional Iloilo dishes. We feasted on their hit recipes – from the appetizing baked scallops sprinkled with cubed cheese and crushed garlic, steamed talaba, tender, crispy beef ribs, tempting pancit bibon topped with shrimps, squid rings, chicken liver and gizzard and veggies and luscious beef pochero.

After dinner, we had a few sips of beer with repeat orders of the juicy baked scallops and blanched talaba with vinegar-patis (toyo) as dip.

Breakthrough Restaurant, Villa Beach, Arevalo
One of Iloilo’s most popular bayside restaurants is a showcase of Iloilo’s rich marine reserve and the Ilonggos’ exciting concoctions. It boasts of “live” local seafoods, fresh red meat and garden-fresh vegetables cooked Ilonggo-style, or as the way the guests like it.

The group opted for steamed crabs and oysters, grilled pantat (bato or catfish), pusit, bangus, pampano and pork belly; kinilaw (ceviche) nga tanigue (Spanish mackerel), lechon baboy and Kansi (ilonggo bulalo), laua (their version of bulanglang or dinengdeng), native salads, leche flan and buko juice.

Old Camina (formerly Avanceña) Balay nga Bato, Arevalo
For history buffs and diners who prefer a treat for the eyes and the palate, the Old Camina Balay nga Bato is an excellent option.

A museum-curio shop-events place that is known for brewing the best tsokolate drink in the world (as dubbed by most visitors), Balay nga Bato takes pride in its medley of yummy Ilonggo and Asian-Western fusion dishes. The interior of the kitchen and dining areas are adorned with decorative and functional conversation pieces from bygone times.

Our February 23 send-off lunch at Balay nga Bato, courtesy of Patriott-Natrpharm, was an extreme food trip.

On the huge buffet table, was an array of appetizers and salads, main courses (inihaw na liempo and fish, humba, beef steak, lechon, chicken inasal, an assortment of pasta dishes, etc.) and various desserts. Whipped up by Luth Camina, they were so appetizing and delicious. Luth is the wife of Gerald Camina, a grandson of Lola Rufina and a first cousin of Dr. Joel Abanilla.

Originally built in 1860 for Fernando and Rufina Avanceña on Osmeña Street on Villa Arevalo, Iloilo, this well-preserved ancestral house is one of the city’s landmarks. The ground floor of the two-story structure is the Lola Rufina’s Heritage Curio Shop that sells antique souvenirs, ceramic jars and hand-woven textiles.
La Paz Batchoy, La Paz
Capitalizing on its unassuming countryside charm, original flavors and value for money, La Paz Batchoy is perpetually mouth-watering.

Before heading for the airport, the PHA Board of Directors made sure they scooted off to La Paz Batchoy for a bowl of filling, steaming batchoy (noodles with very tender pork innards, sliced pork and chicken breast, shredded onions and minced garlic and sprinkled with crushed pork crackling) perhaps in anticipation of a delayed flight. Indeed, it turned out that we were two hours behind the departure time.

Dolce Baker & Caffe Latte
Our craving for Food for the gods by Dolce Baker & Cafe Latte started with a no-frills white box (that simply read Dolce& Baker “Bliss in every bite” Kalibo, Aklan, tel. no. 036-2721001/ 0939-9102458), a pasalubong for the Cebu-based PHA Veep Dr. Alex Junia, who shared it with a group of cardiologists, pharma people, the PHA staff at the Heart month 2015 meeting at the Iloilo Medical Society.

So far, it was the best Food for the Gods I’ve ever tasted. Filled with walnuts and dates, it is opulent in texture and tang, you need not have a sweet tooth to love it.

Our pleased palates, prodded us to call Dolce Baker to order 32 boxes. Initially, proprietor and chief baker Ma. Alona Reyes politely refused to take the order because of the one-day lead time we had specified. Perhaps sweet-talked by the rave reviews of the heart docs and their non-doctor guests, she eventually acceded to the request.

So the boxes of Food for the Gods found their way to Manila and Cebu. And just like us, our loved ones and friends kept asking for another bite and where it could be had.

When in Iloilo, you can grab Dolce Baker’s pastries at Cafe Latte in Smallville. And when you go to Aklan, make sure to drop by Dolce Baker.

“We live in a wonderful world that is full of beauty, charm and adventure...”  
– Jawaharial Nehru

Wrong. Diabetes is not the weekly payment to the “5-6” usurers. Doubling the dose of a once-daily drug is a recipe for disaster; as Trinity said in The Matrix, “stick to the plan”. Better yet, DON’T MISS A DOSE!

9. Walang specific schedule ang gamot sa diabetes; basta’t iniinom araw-araw, ayos.
Wrong again. The drugs for diabetes work to regulate the glucose ebb and surges so most exert maximum efficacy when given in relation to food. It is necessary for the diabetic to listen to the instructions carefully and follow them. Not paying attention to the correct timing can predispose the diabetic to suffer too-low sugar (hypoglycemia) as often as from too-high sugar (hyperglycemia).

10. Ibahin ang pagkain ng tatay kasi may diabetes siya.
Now really. How unkind… and unwise. Diagnosing a lifetime disease confers some depression and the sick person will feel even worse eating his “healthy” meal while the others “have cake”. Dieting does not mean starving; it means being aware of everything we ingest; it means that when lechon is served, the diabetic may have some – not a whole pig but enough to take the edge off envy. Having a 1st degree relative with diabetes confers added risk to each family member so the habits of good nutrition should not be limited to the one who is sick. Think of these good habits as an investment for a disability-free future. One worth living.
Limiting to just two hours of TV or computer per day

Zero to smoking

Eating 5 servings of fruits and vegetables per day

Having one hour of exercise per day

Zero to sugared beverages

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